



THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/006,669 Confirmation No. 2239  
Applicant : H. OGAWA et al  
Filed : December 10, 2001  
Titled : DISK APPARATUS  
TC/A.U. : 2114  
Examiner : G. Chu  
Docket No.: TSM-18  
Customer No.: 24956

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

PETITION FOR EXTENSION OF TIME

Sir:

It is respectfully requested that a one-month Extension of Time, to and including December 4, 2004, be granted in which to respond to the Office Action dated August 4, 2004 in the above-identified application.

Our Credit Card Payment Form in the amount of \$110.00 is attached in payment of the appropriate fee.

The Commissioner is hereby authorized to charge any additional payment due, or to credit any overpayment, to Deposit Account No. 50-1417.

12/03/2004 FMETEK11 00000070 10006669

01 FC:1251

110.00 OP

Respectfully submitted,

MATTINGLY, STANGER & MALUR

By Colin D Barnitz Reg No. 35,061  
For Shrinath Malur  
Reg. No. 34,663  
Tel.: 703-684-1120

December 2, 2004

In RE application of H. OGAWA et al

Serial No.: 10/006,669

Group Art Unit: 2114

Filed: December 10, 2001

Examiner: G. Chu

For: DISK APPARATUS

Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☐ No additional fee is required.

The fee has been calculated as shown below:

(COL. 1)	(COL. 2)	(COL. 3)
Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra
Total * 15	Minus ** 20	= 0
Indep. * 3	Minus *** 3	= 0
<input type="checkbox"/> First Presentation of Multiple Dependent Claims		

## SMALL ENTITY

Rate	Additional Fee
x 9	\$
x 42	\$
+ 140	\$
Total	\$

OR

## OTHER THAN A SMALL ENTITY

Rate	Additional Fee
x 18	\$ 0
x 84	\$ 0
+ 280	\$ 0
Total	\$ 0

OR

- \* If the entry in Col. 1 is less than the entry in Col. 2, write '0' in Col. 3.
- \*\* If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, write '20' in this space.
- \*\*\* If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, write '3' in this space.
- The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-1417 in the amount of \$\_\_\_\_\_.
- ☒ A check in the amount of \$ 110.00 is attached in payment of:  
Credit Card Payment Form - 1 EOT
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1417.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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Date: December 2, 2004